## PART B - FEE(S) TRANSMITTAL

FART B - FEE(5) TRANSMITTAL						
1 			P.: Ai or <u>Fax</u> (5:	mmissioner for O. Box 1450 exandria, Virgi 71)-273-2885	r Patents nia 22313-1450	
INSTRUCTIONS: The appropriate. All furthe indicated unless corresponding to notific maintenance fee notific		for transmitting the ISSI ing the Patent, advance of therwise in Block I, by (	UE FEE and PUBLICAT refers and notification of a) specifying a new corre	ION FER (if requi maintenance fees w spondence address;	red). Blocks I through ill be mailed to the cur and/or (b) indicating a	5 should be completed where ront correspondence address as separate "FEE ADDRESS" for
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		•		Sharon A.  Sharon 3/26	Johnson U. Ashn 101	(Depositor's name) (Signature) (Dutc)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	<del></del>	ATTORNEY DOCKET NO	CONFIRMATION NO.
10/774,873 TITLE OF INVENTIO	02/09/2004 N: NIPPLE WITH A CO.	MPROMISABLE SEAL I	Edward J. Goldman FOR A BABY BOTTLE	0007		
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) D	DUE DATE DUE
nonprovisional	NO	\$1400	\$300	<b>\$</b> 0	\$1700	03/26/2007
		ARTUNIT	CLASS-SUBCLASS	j		
	R, SUE A	3781	215-011100			1-0
CFR 1.363).  Change of corres Address form PTO/S  "Fee Address" in	dication (or "Fee Address	ange of Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to			
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
The First Years Inc. Avon, Massachusetts						
Please check the appropriate assignce category or categories (will not be printed on the patent):						
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	itus (from status indicate		_			
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Authorized Signature	Julie A	Haut		Date	26/07	
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